



DEPARTMENT OF THE NAVY
OFFICE OF THE CHIEF OF NAVAL OPERATIONS
2000 NAVY PENTAGON
WASHINGTON, DC 20350-2000

OPNAVINST 1120.4
PERS-44
24 Dec 2005

OPNAV INSTRUCTION 1120.4

From: Chief of Naval Operations

Subj: APPOINTMENT OF REGULAR AND RESERVE OFFICERS IN THE
MEDICAL CORPS OF THE NAVY

Ref: (a) DOD Directive 1310.2 of 21 Nov 03
(b) SECNAVINST 1000.7 Series
(c) DOD Directive 1300.4 of 21 Nov 03
(d) 10 U.S.C.
(e) DOD Instruction 6000.13 of 30 Jun 97
(f) DOD Directive 1312.3 of 21 Oct 96
(g) SECNAVINST 1420.1 Series
(h) SECNAVINST 1520.8A
(i) NAVPERS 15839I, Manual of Navy Officer Manpower and
Personnel Classifications, Vol I
(j) SECNAVINST 1920.7A
(k) SECNAVINST 5300.28C
(l) NAVMED P-117, Manual of the Medical Department
(m) SECNAVINST 1920.6B
(n) SECNAVINST 6401.2A
(o) DOD Directive 6025.13 of 4 May 04
(p) DOD Directive 1320.8 of 21 Nov 03
(q) SECNAVINST 1427.1C
(r) SECNAVINST 1427.2B
(s) Program Authorization 113

Encl: (1) Credit for Advance Education/Special Experience

1. Purpose. To revise regulations governing:

a. Appointment of officers in the Medical Corps (MC), including appointment in the Active and Reserve components under reference (a) through interservice transfer from another uniformed service under references (b) and (c).

b. Voluntary recall of officers of the MC to the active duty list (ADL).

c. Award of entry grade credit on appointment in MC under reference (d), sections 533 and under references (e) and (f).

2. Cancellation. This OPNAV Instruction supersedes SECNAVINST 1120.12B. The SECNAV Instruction was cancelled under a separate cancellation memo.

3. Applicability. This instruction applies to all individuals appointed as Regular and Reserve officers in the MC, including officers transferred from another uniformed service, Reserve officers transferred into the Regular component, Reserve officers recalled voluntarily to the ADL, and officers transferred from the line community or another Staff Corps into the MC. Additional guidance on the transfer of Regular and Reserve officers from other uniformed services into the MC is found in reference (b).

4. Policy. The Department of the Navy will maintain authorized strength and grade levels in the MC and its approved specialties by recruiting the personnel required to support the annual 5-year promotion plan approved under reference (g), to provide a base for a Regular Navy career force, and to attain authorized strength in the Reserve component to meet approved requirements for mobilization.

a. Requirements for newly appointed officers on the ADL will be filled from diverse programs, which include direct procurement of qualified civilians, Uniformed Services University of Health Sciences (USUHS), Armed Forces Health Professions Scholarship Program (AFHPSP), Financial Assistance Program and Health Professions Loan Repayment Program. Any other request for active duty commission will be handled on a case-by-case basis. All initial appointments, other than AFHPSP and FAP, shall be in the Regular Navy. Officers who cannot complete 20 years of commissioned service by the age of 62 must have a approved waiver from the Secretary of Defense.

b. Requirements for the Selected Reserve (SELRES) and Individual Ready Reserve will be filled primarily through transfer of officers from the ADL. Requirements that cannot be met from this source will be met through direct procurement of former military officers and other civilians qualified in the approved specialties.

5. Accessions Plans

a. Deputy Chief of Naval Operations (Manpower, Personnel, Training, and Education) (DCNO (N1/NT)), will establish an annual accession plan for the Active component and Reserve component which, together with retention incentives, will attain authorized strength in each of the specialties in the MC. There must be sufficient accessions to support the annual 5-year promotion plans for the active and inactive duty Reserve components and ensure that the promotion opportunity and flow points necessary to meet authorized strength requirements are maintained.

b. In determining the proportions of accession programs used to attain and maintain specialty authorizations, both the current and projected supply and demand for officers in each of the approved specialties shall be considered. Maximum use of the most effective program, relative to cost and time to attain (taking account of continuation rates) will be used in preference to more expensive programs. Plans will ensure flexibility to adjust to changes in the civilian market and in specialty requirements. Reasonable career progression opportunities for the authorized strength of entry-level applicants shall be maintained.

6. Basic Qualifications. To be eligible for appointment as a MC officer in either the Active or Reserve components, the applicant must meet the following requirements:

a. Citizenship. Must be a citizen of the United States.

b. Entry Age. Entry age eligibility criteria are established to meet the goal of maintaining an officer corps young enough and vigorous enough to meet arduous duty requirements, such as duty at sea and in hostile locations. As such, the entry age standard for appointment in the Active and Reserve component is that the applicant be able to attain 20 years of active commissioned service by age 62. However, in order to ensure that there is a recruiting pool large enough to meet accession requirements, the entry age may be waived for all MC specialties with the following requirements:

(1) Active Component. DCNO (N1/NT) may raise the entry age standard to 20 years by age 64 for a specified period when a manning shortfall exists against authorized strength in a specialty authorized by the CNO in reference (h) for which there are programmed authorizations that cannot be filled by the use of authorized bonuses; in-zone promotions in the annual 5-year promotion plan; recruiting of civilian candidates; voluntary recall of Reserve officers who meet the basic age requirement; and continuation of officers on the ADL beyond statutory retirement age under reference (i). DCNO (N1/NT) will advise the Assistant Secretary of the Navy (Manpower & Reserve Affairs) (ASN (M&RA)) in advance of the period of such increase and the specialties designated under these criteria.

(2) Reserve Component. DCNO (N1/NT), may raise the entry age standard to 20 years by age 64 for a specified period when a manning shortfall exists against authorized strength in a specialty, authorized by the CNO in reference (h), for which there are programmed authorizations in the SELRES that cannot be filled by the use of authorized bonuses; loan repayment, scholarship and stipend incentives; in-zone promotions in the annual 5-year promotion plan; recruiting of civilian candidates and affiliation of separating ADL officers who meet the basic age requirements; and continuation of members of the SELRES beyond statutory retirement age under reference (i). DCNO (N1/NT) will advise ASN (M&RA), in advance of the period of such increase and the specialties designated under these criteria. As provided by reference (d), section 12201(d), the maximum entry age standard may not be less than 47 years for health care specialties. Critical specialties for the purpose of Reserve component accession management are those MC specialties, which are:

(a) At least 20 percent below authorized strength.

(b) Otherwise significantly under strength, in the SELRES.

(c) For which full use of the sources described above are projected to be unable to correct shortages within 3 years.

(3) Age Limit Waivers. SECDEF may further waive the age limits on a case-by-case basis to reduce manning shortages, when

extraordinary circumstances indicate the waiver would be in the best interest of the Naval service, or when a gross inequity to the applicant would otherwise result.

(4) Applicant Acknowledgement of Age Limitations

(a) Before appointment, applicants who will be unable to complete 20 years of active commissioned service by age 62 will be required to complete a statement of understanding that they are ineligible for Regular appointment.

(b) Before appointment, applicants who may be unable to complete 20 years of creditable service for retirement will be required to acknowledge the same in writing.

(5) Record of Age Waivers Authorized. The Commander, Navy Recruiting Command (COMNAVCRUITCOM), acting for DCNO (N1/NT), shall maintain on file written justification for each waiver granted.

c. Moral Character. Must be of good moral character and of unquestioned loyalty to the United States as determined by interview and investigation. As prescribed in reference (j), individuals who are chemically dependent, who abuse drugs or alcohol, whose pre-service abuse of drugs or alcohol indicates a proclivity for continued abuse, or who have a record of any drug trafficking offenses shall not be permitted to enter the MC.

d. Physical Standards. Must meet the physical standards for service on active duty as recommended by the Chief, Bureau of Medicine and Surgery (BUMED) and approved by the CNO. DCNO (N1/NT), upon recommendation of BUMED, may waive physical defects that will not interfere with performance of active duty within the guidelines of reference (k).

e. Availability for Mobilization. Appointments in the Reserve component not on the ADL are predicated upon mobilization requirements and the applicant's availability for mobilization. Members of Congress, Federal political appointees, elected state and local government officials, and federal career Senior Executive Service (SES) employees may not be tendered an original direct appointment without prior approval of SECNAV.

f. Indoctrination Requirements. Officers appointed directly to the ADL must complete an officer indoctrination training course by the end of their first year. Optimally, this requirement should be met by the Officer Indoctrination School (OIS). On a case-by-case basis, the Direct Commission Officer Indoctrination Course (DCOIC) may meet this requirement. The alternative for DCOIC will be based upon a recommendation from the Chief, Navy Medical Corps, with final approval from DCNO (N1/NT), or their delegated authority. Officers appointed directly into the Reserve component must complete a Reserve officer indoctrination training course during their first year of service. This requirement may be met by either OIS or DCOIC.

g. Failure to Complete Initial Training Requirements. Officers who fail to complete officer indoctrination requirements shall be separated for cause under reference (1). Officers who fail to satisfactorily complete their first year of graduate medical education may be reappointed in a different competitive category to complete any incurred active duty obligation. ASN (M&RA), considering the recommendations and supporting justifications of DCNO (N1/NT), may waive the service obligation when such action would be in the best interest of Navy. Officers with no incurred active duty obligation and officers for whom active duty obligation has been waived shall be separated for cause under reference (1).

7. Professional Qualifications. To be eligible for appointment in the MC or for voluntary recall from the Reserve component to the ADL, the applicant must meet the following educational requirements:

a. Physician (Doctor of Medicine). Must be a graduate of a medical school in the United States, Canada, or Puerto Rico, approved by the Liaison Committee on Medical Education of the American Medical Association and be licensed to practice medicine or surgery in a State or the District of Columbia, except as noted in reference (m). Applicants for appointment to the ADL must have completed at least 12 months of first year graduate medical education subsequent to graduation unless applying for graduate medical education (GME-1) (internship) in the Navy. Recent graduates of the USUHS or the AFHPSP and applicants for appointment in the Reserve component may be appointed during their first year of GME-1 prior to acquiring a license. Officers who fail to satisfactorily complete their

first year of GME shall be reappointed in another competitive category to complete any incurred active duty obligation. ASN (M&RA) may relieve an officer of incurred active duty obligation, considering the recommendation and supporting justification by DCNO (N1/NT), when such action would be in the best interest of the Navy. Officers with no incurred active duty obligation and officers for whom active duty obligation has been waived shall be separated for cause under reference (n).

b. Physician (Doctor of Osteopathy). Must be a graduate of a college of osteopathy whose graduates are eligible to be licensed to practice medicine, surgery, or osteopathy in a state or the District of Columbia, except as noted in reference (m); have completed a minimum of three years of college work prior to entrance into a college of osteopathy and a four-year academic course or a three-year equivalent with a degree of Doctor of Osteopathy from a college of osteopathy approved by the American Osteopathic Association. Appointments to the ADL must have completed at least 12 months of first-year GME subsequent to graduation unless applying for GME-1 (internship) in the Navy. Recent graduates of the AFHPSP and applicants for appointment in the Reserve component may be appointed during their first year of GME-1 prior to acquiring a license. Officers who fail to satisfactorily complete their first year of graduate medical education shall be reappointed in another competitive category to complete any incurred active duty obligation. ASN (M&RA) may relieve an officer of incurred active duty obligation, considering the recommendation and supporting justification by DCNO (N1/NT), when such action would be in the best interest of the Navy. Officers with no incurred active duty obligation and officers for whom active duty obligation has been waived shall be separated for cause under reference (l).

c. Physician Graduates of Foreign Medical Schools. Practicing physicians in medical and surgical specialties who obtained their medical degrees from medical schools other than those specified in paragraph 7a must meet the following requirements:

(1) Pass either the Foreign Medical Graduate Examination of the Medical Sciences or the previous certifying examination of the Educational Commission on Foreign Medical Graduates. Applicants who meet this criterion will be given entry grade credit for the initial professional degree under paragraph 9.

(2) Be certified by an American Board in the medical or surgical specialty for which being considered for appointment, or be board eligible and subsequently complete certification within 1 year of commissioning. Officers who fail to attain certification shall be separated for cause under reference (1).

(3) Complete GME in the United States, Canada, or Puerto Rico in programs approved by an American Specialty Board and creditable under paragraph 9 below.

(4) Be licensed to practice medicine or surgery in a state or the District of Columbia.

(5) Be physicians in good standing and currently engaged in clinical practice of the specialty for which being considered.

(6) Demonstrate written and spoken proficiency in the English language in an interview with a Navy physician.

d. Entry Level Appointment of Graduates of Foreign Medical Schools. When authorized appointment sources cannot supply the required number of entry level accessions qualified under the criteria in paragraphs 7a and 7b, DCNO (N1/NT) may authorize procurement of graduates of foreign medical schools who are certified by the Surgeon General to be professionally acceptable. DCNO (N1/NT) may authorize this exception for specified medical or surgical specialties for a specified period of time. DCNO (N1/NT) shall notify ASN (M&RA) of such authorization in advance.

8. Examination of Professional Qualifications. The Chief, Bureau of Medicine and Surgery (BUMED), shall review the credentials and examine the professional qualifications of all applicants for appointment in the MC or for voluntary recall of a Reserve officer to active duty. Credentials shall be verified by the Armed Forces Institute of Pathology as a part of the accession package prior to review by the Chief, Bureau of Medicine and Surgery.

a. Voluntary Recall. Reserve and retired officers must be doctors in good standing, currently engaged in medical practice, have current board certification in the medical or surgical specialty for which recalled, and provide documentation

necessary to recertify professional qualifications as indicated in reference (n) in order to be recalled. BUMED, or their designee, shall recertify professional qualifications specified for appointment in paragraph 7. Recalled officers will be recalled in the rank held as a Reserve and will not have entry grade recomputed.

b. Professional Review Procedure

(1) BUMED shall appoint a MC Professional Review Board to examine the professional qualifications of all applicants. The Board shall be composed of senior MC officers on the ADL. At least three but not more than five Board members shall review applicants' records. The senior member of the Board shall be in the grade of captain or above. When considering applicants for classification in one of the specialties, the Board shall confer with an officer designated by the Surgeon General as the medical or surgical specialty leader when readily available. When the specialty leader is not readily available, the Board shall confer with another physician certified to practice in the specialty being considered.

(2) The Board may require applicants to demonstrate their professional qualifications by written, oral, or practical examination. The Board will review the applicant's credentials, including academic performance, post-graduate medical training, professional and managerial experience, professional recognition such as membership in professional societies and authorship of professional publications, professional reputation, current experience in a primary specialty, and level of certification/licensure.

(3) The Board shall recommend to BUMED, which specific qualifications of the table in paragraph 9 are met, recommend entry grade credit for those qualifications, and state the degree to which documented supervisory and managerial experience qualifies applicants for appointment in grades O5 and above. For assignment to specific classes of command, executive and administrative billets in those grades they are to provide an evaluation of the quality and desirability of the candidate based on their professional qualifications and experience in the medical or surgical specialty for which being considered. They are to confirm the authenticity of the documents comprising the entering professional credentials file. The Board shall make

its report directly to BUMED, or their designee, without intervening endorsements or clearances.

(4) BUMED, or their designee, shall make recommendations regarding approval or disapproval to CNO (N1/NT) without intervening endorsements or clearances.

(5) Once BUMED has evaluated the applicant's professional qualifications, DCNO (N1/NT) shall determine whether the applicant is qualified for a commission as a medical officer in the primary medical or surgical specialty for which designated. DCNO (N1/NT) may delegate this authority to COMNAVCRUITCOM with appropriate guidelines. Except as provided in paragraph 14, no applicant shall be appointed as a MC officer without these determinations.

9. Entry Grade Credit. A prospective MC officer's entry grade and rank within grade shall be determined by the number of years of entry grade credit awarded on original appointment, designation, or assignment as a MC officer. The entry grade credit to be awarded shall equal the sum of constructive service credit and prior commissioned service credit (other than as a commissioned warrant officer), except in cases where the total exceeds the maximum credit allowed, and as stated in the below table. A period of time shall be counted only once when computing entry grade credit. Prior commissioned service credit includes commissioned service on active duty or in an active status as a commissioned officer as required by references (e) and (f). Constructive service credit includes credit for advanced education and training and may also include credit for professional experience. Entry grade credit will be subject to the computation and maximum credit criteria in paragraphs 10 and 11 and as specified in the following table.

ENTRY GRADE CREDIT TABLE

	PRIOR COMMISSIONED SERVICE CREDIT	CREDIT
1.	Commissioned service on active duty in an active status as a MC officer in any of the Uniformed Services in the specialty being appointed.	1 year for each year.
2.	Commissioned service on active duty or in an active status as a commissioned officer in any of the Uniformed Services but not in the corps or professional specialty in the MC.	1/2 year for each year.
3.	Initial MD or DO degree awarded under criteria in paragraph 7.	4 years.
4.	Successful completion of first-year graduate medical education (GME-1).	1 year.
5.	Graduate medical education towards American Board Specialty Certification. To be credited, the education must have occurred after the graduate medical education in qualification 4 above, be in the a medical or surgical specialty authorized by CNO in reference (h), part E and to which the applicant will be assigned, and be creditable toward certification by an American Specialty Board or certification equivalence awarded by BUMED.	1 year for each year or school year.
6.	Advanced degrees, in addition to specialty and subspecialty training in qualifications three through five of this table. The degree must be in a field listed in enclosure (1) that contributes directly to performance in the primary medical or surgical specialty to which the applicant will	1 year for each year (or school year) limited by level of degree earned.

	PRIOR COMMISSIONED SERVICE CREDIT	CREDIT
	be appointed. Credit may be given for only one degree in a single field. Credit for the degree shall be given for only one degree in a single field. Credit for the degree shall be based on full-time equivalent education but not more than 2 years for a master's degree and 3 years for a doctorate degree. Credit for a master's may not be added to credit for a doctorate degree. Credit shall not be awarded for a degree earned concurrently with the primary credential (i.e., MD or DO). A period of time will only be counted once.	
7.	Experience as a practicing physician after graduation from medical or osteopathic school. No credit may be given for practice outside the United States, Puerto Rico, Canada except when BUMED certifies the level of clinical practice in a given primary medical or surgical specialty to be equivalent to practice in the United States.	1/2 year for each year of experience up to a maximum of 3 years.
8.	In unusual cases, additional credit may be granted for special professional experience in the specialty in which appointed when that experience is accrued after obtaining the qualifying degree. This additional credit applies only to individuals who have an experience level that uniquely distinguishes that from the normal qualifications required for appointment as a commissioned officer. Maximum credit for experience must be earned under qualification seven of this table before earning any experience credit	1 year for each year of special professional experience (if 6 months or less no credit will be granted).

	PRIOR COMMISSIONED SERVICE CREDIT	CREDIT
	under this paragraph. Credit under this provision will not be given to health professionals solely on the basis of special experience that is unassociated with advanced education or an advanced degree.	

10. Limits and Computation of Entry Grade Credit. Entry grade credit shall be computed as follows:

- a. A period of time or special qualification shall be counted only once.
- b. Qualifying period of less than 1 full year shall be credited proportionately to the nearest day except where noted otherwise.
- c. Credit will not be awarded for service as an enlisted member, warrant officer, or commissioned warrant officer.
- d. In general, credit will not be granted for work experience prior to the qualifying degree.
- e. Graduates of the Service academies will not be awarded credit for service performed or education, training, or experience obtained before graduation from the academy.
- f. Credit will not be awarded for graduate education under paragraphs 4 through 6 of the Entry Grade Credit Table for periods during which the applicant served as a commissioned officer. Credit for such service shall be awarded under paragraph 1 or 2 of the Entry Grade Credit Table.
- g. The recall of a MC officer in the Reserve component not on the ADL is not an original appointment; therefore, such officers are not entitled to additional entry grade credit.

11. Maximum Entry Grade Credit. Total entry grade credit granted shall normally be limited to 15 years. After considering the recommendations of DCNO (N1/NT), ASN (M&RA) may waive the 15-year limit on a case-by-case basis in the following circumstances:

a. For appointment as a Regular or Reserve Officer for Service on the ADL. When there is a shortage against authorized strength in the MC specialty for which the appointee is nominated which cannot be met by:

(1) Direct and inservice procurement of qualified health professionals in the grades of lieutenant commander and below.

(2) Voluntary recall to active duty of qualified Reserve officers.

(3) Continuation of officers subject to mandatory retirement for service under reference (o).

(4) In-zone promotion under the 5-year promotion plan approved by SECNAV.

(5) When a gross inequity to the applicant would otherwise result.

b. For Appointment in the Reserve Component. When there is a shortage against authorized strength in the MC specialty for which the appointee is nominated which cannot be met by:

(1) Transfer of officers from the ADL.

(2) Direct procurement of qualified health professionals in the grades of lieutenant commander and below.

(3) In-zone promotion under the 5-year promotion plan approved by SECNAV.

(4) When a gross inequity to the applicant would otherwise result.

12. Entry Grade Credit in Transition Period. This instruction provides for entry grade credit to be awarded to individuals being appointed in the MC from the effective date of this instruction. There shall be no retroactive changes, as a result of this instruction, to the entry grade credit granted to officers appointed in the MC prior the date of this current instruction.

13. Appointments. Appointments in the MC shall be made subject to the following guidance.

a. Entry Grade. A prospective MC officer who is not awarded entry grade credit under the Entry Grade Credit Table shall be appointed in the grade of lieutenant with the date of rank coinciding with the date of appointment. A prospective MC officer who is awarded entry grade credit under the Entry Grade Credit Table shall be appointed in a grade based on total entry grade credit awarded under reference (e). The minimum entry grade credit required for each grade is equal to the promotion flow points prescribed in the approved annual 5-year promotion plan in effect at the time of appointment. Under references (b) and (c), officers transferred from other uniformed services into the MC of the Navy shall continue to hold the same grade and date of rank held in the losing uniformed service except as provided in reference (c).

b. Date of Rank. When the minimum entry grade credit required for appointment in a given grade is granted, the date of rank shall be the date of appointment. When entry grade credit is granted in excess of the minimum years required for appointment in a given grade, but less than the amount necessary to justify the next higher grade, the excess credit shall be used to adjust the date of rank within grade.

c. Assignment of Precedence. Each appointee will be placed on the ADL as follows:

(1) Appointees ordered to active duty or retained on active duty (other than Reserve officers on Active Duty for Special Work (ADSW) as described in reference (d), section 641), incident to appointment shall be placed on the ADL under reference (p).

(2) Officers in the grades of lieutenant, lieutenant commander, and commander, in-zone and above-zone eligible officers whose placement on the ADL is within 1 year of the convening dates of selection boards are automatically deferred unless they specifically request to be considered. Under reference (g), the officer may waive this deferment and request consideration for promotion, in writing, to Commander, Navy Personnel Command (COMNAVPERSCOM) (PERS 4802), 5720 Integrity Drive, Millington, TN 38055. The waiver request must be

received by COMNAVPERSCOM (PERS 4802) not later than the convening date of the board. If COMNAVPERSCOM (PERS 4802) receives a timely written waiver request from an officer otherwise eligible for consideration, that officer's record shall be placed before the selection board for consideration. Once waived, deferment will not be reinstated.

(3) Appointees not concurrently ordered to, or retained on, active duty other than ADSW described in reference (d), section 641, shall be placed on the inactive duty precedence list in per reference (q).

14. Application Processing

a. To facilitate rapid application processing, DCNO (N1/NT) will establish all military and professional documentation required for the application.

b. Completed applications for appointment on the active duty list shall be forwarded to COMNAVCRUITCOM expeditiously.

c. Prospective appointees awaiting authorization for appointment in grades of commander and above may be appointed in a grade of lieutenant commander pending approval of the higher grade. Officers who accept appointments in the lower grade may at their option be voluntarily separated under reference (m) if the grade for which nominated is not approved. Officers appointed pending approval of nomination for a higher grade are eligible for pay and allowances of a lieutenant commander, including special pays and bonuses. However, the appointee must acknowledge in writing that unearned portions of special pays and bonuses will be recouped on a prorated basis if they elect not to accept an active duty appointment if the nomination for the advanced grade is not approved.

d. Physicians applying for direct appointment in the Reserve component who are graduates of medical schools specified in paragraphs 8a and b may be given an interim appointment in grades below commander pending final approval of their application. Interim appointment will be as a prospective MC officer (19XX) and based upon an approved physical examination and submission of the minimum required professional documentation prescribed by DCNO (N1/NT). Subsequent to final certification of professional qualifications by BUMED,

completion of the remaining documentation, and final selection by DCNO (N1/NT) or their designee, any required adjustments to entry grade credit will be made and the appointee issued a superseding appointment as a MC officer (2105). If full application processing reveals any disqualifying information, the officer shall be discharged under reference (m), without prejudice against further application when fully qualified.

e. The professional credentialing documents must be obtained from the issuing source or validated for authenticity through contact with the issuing source or a secondary source approved by the Surgeon General to meet the requirements of reference (p).

f. COMNAVCRUITCOM shall notify DCNO (N1/NT) and ASN (M&RA) when "high visibility" candidates are being considered for direct appointment in the inactive duty Reserve component. Such candidates include high-name recognition individuals not connected with the government and non-SES government officials who occupy positions of significant responsibility.

15. Responsibilities

a. DCNO (N1/NT) is responsible for:

(1) Ensuring successful execution of the policy and program guidance in this instruction.

(2) Procurement and appointment of MC officers per this instruction.

(3) Establishing the annual accession plan for the Active and Reserve components.

(4) Approving entry grade credit and establish entry grades and dates of rank of MC officers per the guidelines in this instruction.

(5) Ensuring that all direct accession applications are processed within the maximum time standard in this instruction.

b. BUMED shall:

(1) Certify professional qualifications and provide the calculation of entry grade credit to DCNO (N1/NT).

(2) Establish the MC PRB and review qualifications required by applicable reference (r).

c. COMNAVCRUITCOM shall:

(1) Determine grade and date of rank based on calculations provided by BUMED, subject to approval of DCNO (N1/NT), per the guidelines in this instruction.

(2) Maintain statistical data required for preparation of summary reports for ASN (M&RA) and for special reports when required by ASD (HA).

16. Reports. The PRB reports required by paragraph 7b(3) are exempt from reports control per SECNAVINST 5214.2B.

/s/
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Vice Admiral, U.S. Navy
Deputy Chief of Naval Operations
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CREDIT FOR SPECIAL EXPERIENCE/ADVANCED EDUCATION

1. Credit for advanced education may be awarded for masters or doctorate degrees when the degree contributes directly to performance in the primary medical or surgical specialty to which the applicant will be assigned. Types of advanced education that may be considered include:

a. Post-graduate education in a medical or surgical specialty addressed in qualification five of the Entry Grade Credit Table.

b. As provided in reference (f), a master's degree or doctorate degree in the following fields, when the degree contributes directly to performance in the medical or surgical specialty to which the applicant will be appointed as addressed in qualification 6 of the Entry Grade Credit Table:

Anatomy
Bacteriology
Basic Science
Biochemistry
Clinical Laboratory Science
Education (medical-related sciences)
Environmental Health
Immunology
Medical Entomology
Medical Laboratory Sciences
Microbiology
Nuclear Medical Science
Parasitology
Pharmacology
Physiology
Public Health (excluding administration)
Virology

c. Advanced education fields not listed above may be credited when the degree contributes directly toward meeting a requirement approved by the CNO and identified by a medical or surgical subspecialty classification code in reference (i), part E, based on the recommendations of DCNO (N1/NT), and is approved on a case-by-case basis, by ASN (M&RA).

2. In unusual cases credit may be awarded for special experience or education directly related to a primary medical or surgical specialty which uniquely distinguishes the applicant's qualifications from the normal level of qualification required for appointment as an officer fully trained and board-eligible in that specialty. Types of special experience addressed in qualification eight of the Entry Grade Credit Table, which may be considered, include:

a. Full time teaching experience in primary medical or surgical specialty.

b. Other experience serving in an academic appointment in the primary medical or surgical subspecialty

c. Professional experience in an advanced subspecialty contributing directly to performance in the primary medical or surgical subspecialty.

d. Experience as a board certified specialist in a second primary medical or surgical specialty.

e. Graduate medical education in a medical or surgical specialty other than that specialty to which the officer will be assigned. The specialty must be authorized by the CNO and identified by a medical or surgical specialty in reference (i), part E.

f. Extensive clinical experience as a practicing physician after board certification in the primary specialty to which the applicant will be appointed and after any creditable commissioned service as a MC officer. Such experience may be credited as special experience only when the applicant is not credited with any other special experience or education.

g. The maximum credit which may be granted as extensive experience practicing the subspecialty is that amount which would qualify the applicant for appointment in the grade next above that grade supported by credit awarded under qualifications 1 through 7 of the Entry Grade Credit Table, but not to qualify the applicant for appointment in grade O6.

3. Credit for special experience/advanced education may be awarded on a case-by-case basis with the approval of ASN (M&RA),

OPNAVINST 1120.4
24 Dec 2005

based on the recommendations and supporting justification of CNO
(N1/NT).